

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

MR. MORRIS Glen Levine

Write the full name of each plaintiff.

CV
(Include case number if one has been assigned)

-against-

Project Renewal
200 VARICK ST
NY NY 10014

COMPLAINT

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

RECEIVED
SDNY FRO SE OFICE
2024 JAN 26 PM 1:22

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

- ☐ Federal Question
- ☐ Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Discrimination against health I'm in a homeless shelter where I'm supposed to be in a medical term due to my severe health issues. I'm also supposed to be in a non-smoking facility (clients in the term are smoking cigarettes & K2 & other drugs). I'm a smoker. I'm also supposed to be on a special diet. I'm not being followed.

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, Morris G. Levine, is a citizen of the State of
(Plaintiff's name)

NY

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, Project Renewal, is a citizen of the State of
(Defendant's name)

NY
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

Yes 501C3

If the defendant is a corporation:

The defendant, Project Renewal, is incorporated under the laws of
the State of NYS

and has its principal place of business in the State of NYS

or is incorporated under the laws of (foreign state) N/A

and has its principal place of business in 200 VARICK ST NY NY 10014

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

MORRIS Glen Levine
First Name Middle Initial Last Name Project Renewal
Ann AS PLACA
40380 BRUX BLVD DORM A Bldg

Street Address

Bronx

County, City

NY

State

10046

Zip Code

(347) 589-9609

Telephone Number

MorrisLevine202@gmail.com
Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

Project Renewal
 First Name Last Name

Current Job Title (or other identifying information)

200 VARICK ST
 Current Work Address (or other address where defendant may be served)
NEW YORK NY 10014
 County, City State Zip Code

Defendant 2:

First Name Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City State Zip Code

Defendant 3:

First Name Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City State Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence:

Annas Place Men Shelter

Date(s) of occurrence:

1/18/2024

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

I entered the shelter on 1/18/24 and had to wait until 2:30 AM for Annas Place Men Shelter to give me a place. They knew I had severe medical issues they didn't care and I had to lay down. They took the instruments and the food that I can eat. They took my food and my clothes. They refuse to bring in special food. Also, they are proper cigarettes and 1/2 near me and affecting my asthma. They make every client before they admit that they won't smoke in the facility. But yet they allow clients to smoke in the facility. They exact that they can't control anyone from smoking. There is no consequences for those clients who are violating the Rule of the Shelter.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I'm concerned if my mother is being effected
 if my chronic disease is being effected.
 There also going on a hard time of my mother
 who is a life saving medication if someone overdoses
 I'm having difficulty my mother has to go through the
 doctors

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

I want \$10,000 for all the pain & suffering
 & aggravation that I've been through the last
 time I was at the shelter I had to find my own housing
 & Mr. Joseph Blacker interfered w/ my housing
 he didn't do the right thing when I came to
 inspection of the apartment.

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

1/26/24
 Dated MORRIS Glen Plaintiff's Signature Morris Glen Love
MORRIS Glen Love
 First Name Middle Initial Last Name
40380 BRONX BLVD DERMA BED
 Street Address
BRONX NY 10466
 County, City State Zip Code
(347) 581-9069 MorrisLove225@gmail.com
 Telephone Number Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.